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IODALBIN OR POTASSIUM IODIDE WHICH?

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Original

CALIFORNIA MEDICAL JOURNAL.

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Grindelia Robusta.

THEODORE JUDSON HIGGINS, PH. G., M. D., M. S.

The leaves and flowering tops of *Grindelia Robusta*: Nuttall, and of *Grindelia Squarrosa*, Dunal. U. S. Pharmacopœia.

Natural order, Composital.

Common names are, Hardy *Grindelia* for *Grindelia Robusta* and 2 Scaly *Grindelia* for *Sqarrosa*.

Botany.—There are several distinct species of the *grindelia* all of which possess distinct chemical properties, and yet similar properties both chemical and therapeutic.

The two principal varieties are to be treated of specially in this paper as they possess distinct and important therapeutic properties.

The *grindelia robusta* is an erect perennial plant, native of California. The plant has a round, smooth striat stem, much divided into ascending

branches each of which terminates in a large yellow flower head. The lower leaves are inversely ovate, resembling an old fashioned spatula in outline, and somewhat tapering at the base; the upper leaves are alternate, ascending, and have broad clasping bases. They are of a firm leathery texture, and of a light green color; the margins are coarsely toothed. The flower-heads are quite large, from $\frac{1}{2}$ to $\frac{3}{4}$ inches in diameter and are solitary, terminating the branches of the plant. The bracts at the base are very resinous and consist of many thick overlapping scales with recurved tips. The ray flowers are large, yellow, and spreading, and arranged in a single series; they are pistillate and fertile. The disk flowers are quite numerous and practically perfect. The small,

dry one-seeded indehiscent fruit is oblong, smooth, slightly quadrangular; the most distinguishing feature of the genus *grindeliæ* is the modified calyx-limbs of the florets which consist of three or four very deciduous awns or modified bristles which are rigid, somewhat curved, white and very smooth, and when magnified have a waxy appearance. In the *grindelia robusta* they are about half the length of the disc flowers. *Grindelia squarrosa* has the general appearance of *grindelia robusta*, but is a smaller plant, and has lately been considered a variety of this species. It is more common than the *grindelia robusta* and may be found growing plentifully on the plains from the Rocky Mountains West to the Pacific Coast.

The mode of growth is different in the two species. In the *grindelia squarrosa* a permanent root stalk sends up from its head a cluster of from four to ten upright slender subparallel and generally undivided branches from 12 to 24 inches high. The stem leaves are alternate, acute sessile, and slightly clasping at the base and are serrate at their margins. They are about one inch long, one quarter as wide, and are attached to the stem in an erect position. The scales of the flower-heads are narrow, and have long, slender, recurved points, hence the specific name. In other respects the flower-heads resemble those of the *grindelia robusta* but are smaller; this species is frequently substituted for the *grindelia robusta*. The *grindelia robusta* contains a something which, when undergoing chem-

ical analysis evolves 1.5 % of a tannic acid, whilst the *grindelia squarrosa* does not possess this property.

Again, outside of this one point there are no two chemical analyses which agree as to the other active principles present in these very important drugs. For the history of this genus of plants we refer our readers to King's American Dispensatory, the National Dispensatory and the U. S. P.

The specific indications for *grindelia robusta* are a feeling of soreness in the chest; it actually feels raw. There is asthmatic breathing in some cases; in coughs when they are harsh and dry, breathing may be of a type requiring considerable effort in some cases and is associated with a dusky or congested coloration of the face in plethoric individuals. This remedy is almost specific in poisoning from rhus when locally applied in:

R *Grindelia robusta*, spec. m. dr. iv.
Aqua et mucilage tragacantha,
aa oz. iv.
Glycerin, dr. i.

M. Sig. Apply till the parts are thoroughly coated with the medicated mucilage; wash with asepsin soap when necessary to reapply and then apply as at first.

Lloyd Brothers are preparing an ointment of the *grindelia robusta* which is proving of inestimable value in the writer's hands in the treatment of malignant endocervicitis. The treatment employed is as follows:

First, the application of the ointment by lambswool tampon every second day until the inflammation becomes subacute in character, then

using a tubular uterine applicator apply escatol No. 2; Prof. Howes' formula in the cervical canal one to two inches up in the canal on a sandal wood pencil or applicator; then apply the vaginal tampon as usual making the intra uterine application once in five to seven days as seems necessary.

Carcinomata and even sarcoma will yield to this treatment when intelligently applied in cases where the knife and other radical operative surgery is out of the question.

Spec. galium, grindelia, phytolacca agrimonia, even corydalis hydrangea, veratrum and kalmia are efficient, and must not be underestimated in the treatment of malignant conditions of the types referred to. Give the indicated remedy of the most importance (even if it is only table salt) in the given case doggedly, persistently, desparingly if need be, but give that remedy and you will get satisfactory results.

The grindelia ointment will prove of value in the treatment of the ulcers in cases of pestis bubonicæ which

have survived this malady. The spec. med. given internally will assist the pneumonic type to recover if given when indicated and a plasma of the ointment applied to the chest will prove of value.

We have just finished the perusal of an article on the "Bubonic Plague," in the *Eclectic Gleaner*, by Winslow Anderson, M. D., giving pathology, history, etc., etc., in detail. This article will furnish food for thought to every student of this subject. It appears in the January number of the *Gleaner*, page 15.

Grindelia Squarrosa.—Spec. indications and uses:

Congestion of the spleen, when caused or the result of a malarial cachexia; a fullness associated with a dull pain in the left hypochondrium, with indigestion, a pallid sallow countenance, and general debility.

Gastric pains associated with a congested condition of the spleen are relieved with curative effect by grindelia squarrosa. Study these remedies it will repay you for time and trouble expended on them.

Chloroform.

BY JOHN ALBERT BURNETT, AUBURN, ARK.

All physicians of all schools of practice use chloroform as it is a very important remedy in various conditions when used either internally, externally, or by inhalation. It is more often used by inhalation.

It is now generally admitted that chloroform is one of the most power-

ful and most reliable general anesthetics that is known and is usually safe, especially for children. In most cases before giving chloroform for general anesthesia it is best to give a hypodermic of morphine and atropine, and a drink of whiskey twenty to forty minutes before the anesthetic is begun.

Some recommend a hypodermic of strychnine but I prefer the morphine for various reasons. A better plan is to use hyoscine, morphine and cactin comp. (Abbott), one or two tablets which can be given an hour apart, the second one some time before the chloroform is begun.

Potter says: "The purest chloroform in prolonged contact with damp air has a tendency to decompose forming a dangerous gas phosgene COCC_2 hence chloroform in partially filled bottles or in bottles filled in drug store by drawing from large vessels should not be used for anesthesia."

Here is another thing that Potter states that no one using this remedy should forget: "At a certain stage of chloroform anesthesia women often exhibit marked signs of sexual excitement and on recovery it is not uncommon for them to bring charges of improper conduct against some one present with no false intention, but in the belief that impropriety actually occurred. It is never safe to administer an anesthetic to a woman without the presence of a third party. (Murrell)."

The inhalation of chloroform is not only of value as a general anesthetic but of value in spasms, convulsions, etc., especially with children. In nervous excitement of children during fevers when they are having convulsions, inhalation of chloroform is very useful as it will soon relieve them and can be used for temporary effect until hot water can be obtained for a bath or until such remedies as lobelia, gelsemium, and potassium bromide

can have time to take effect. Of course it does not take lobelia long to have its influence if given in liberal doses, provided the patient is in shape to take it.

Chloroform is of much value when given internally for cramps in stomach, bowels, sudden diarrhea, cholera, etc. It is a germicide and has been used with carbolic acid for typhoid fever; a very weak solution of chloroform will kill the typhoid bacillus.

Many physicians use chloroform in various liniments. Dr. Sands of Charlestown, Ark., an eclectic physician uses a mixture of chloroform and aconite for sciatica; Dr. W. M. Durham of Atlanta, Ga., recommends the following in the October 1907 *Modern Eclecticism*, for neuralgia and rheumatism:

R	Fl. extract cannabis ind.	dr. ij.
	" " aconite,	dr. j.
	" " capsicum,	dr. ss.
	Chloroform,	
	Tinct. camphor,	aa oz. ij,
	Oil cajeput,	dr. j.

M. Sig. Apply locally to the parts and give internally from 5 to 10 drops in mucilage or sweetened water.

The objection of combining chloroform with other remedies for either external or local use is that it soon evaporates.

Potter recommends the following as a local anesthetic which I think deserves notice, as it is no doubt a valuable compound:

R	Chloroform,	12 parts.
	Camphor,	2 "
	Tinct. aconite,	12 "
	" capsicum,	4 "

Tinct. pyrethrum, 2 parts.

Oil of cloves, 2 "

He says: "Dissolve the camphor in the chloroform add the oil of cloves and then the tinctures. This is credited with almost magical effect, used as a local application (Pearson's Local Anesthetic)."

The above would no doubt be a valuable liniment for neuralgia, toothache, rheumatism, sciatica, lumbago and various conditions.

Potter mentions the hypodermic use of chloroform from 5 to 15 drops for sciatica, tic-douloureux, and other neuralgias of important nerves. He injects it deep in the vicinity of the nerve, but states that it may cause dangerous local disturbance. He says: "In several cases of severe orbital neuralgia the writer has injected two or three minims of chloroform into the vicinity of the supra-orbital nerve just above its foramen of exit with the most gratifying permanent results, though severe local pain and

considerable swelling were experienced for several days."

Potter gives Bartholow and Waring the credit for the following:

"Sciatica—Chloroform applied on flannel along the course of the nerve and covered with oiled silk (Waring); minims xv of the official spirit, or xv of pure chloroform by deep hypodermic injection into the vicinity of affected nerve gives the best results in old cases (Bartholow)."

Again Porter speaks of chloroform being injected as deeply as possible about the seat of the greatest pain in coccydynia.

I know one physician who has injected pure chloroform into the vicinity of the nerve for sciatica in three cases with good results, not causing pain, etc. He injected 15 drops each time and only gave each case one injection.

Many authorities claim it is dangerous to inject chloroform hypodermically but in my opinion it is not as dangerous as is supposed.

The Diagnostic Value of the Cystoscope.

BY G. SHEARMAN PETERKIN, M. D., SEATTLE, WASH.

Read by request before the Idaho State Medical Association, at Boise, October, 1907.

Mr. President and Gentlemen—

In a letter from your Honorable Secretary, I find these words: "Dear Doctor: I would suggest that you give us something practical rather than too scientific, along your special line of work. I believe the average physician would appreciate such a paper

more, and the discussion would be greater, than on a purely scientific subject." Interpreted, the sentiment underlying this well-worded request is the Push of the West, "Give us something to do something with," and I was not wholly heedless of this sentiment when I chose the title,

"The Diagnostic Value of the Cystoscope."

It is a new field of research the Cystoscope has opened; therefore, its full value is not yet recognized. There are theories along which cystoscopic research is being pursued and there are facts of practical working value that have been developed from these theories. In the theories, the specialist finds his pleasure and aids progress; in the facts, the general practitioner, his livelihood and reputation, which is obtained from his patients, the laity, who recognize only utility. Though the scientist aids progress, the rate of progress in medicine depends upon the general practitioner; that is, upon his ability to separate theory from fact. If he does not separate the two, he often applies theory to obtain practical results, and fails; then condemns, as inefficient, the means employed, thereby retards progress. If he employs facts, he succeeds, and advocates the means employed, thus aids progress.

The object of this paper will be to separate facts from theories as regards the Cystoscope so, as general practitioner, you may have a practical and comprehensive knowledge of when this instrument should be employed, and may recognize its efficient use when employed by others for you. To accomplish this object and do the subject justice would require a review of the whole subject of Cystoscopy; its history; the mechanism of construction; the technic of its employment as a diagnostic and therapeutic instrument, and the conditions under

which it is of value as such. An impossibility in a short address. Therefore, there will be many omissions, not only of information that will answer many questions which may arise in your minds, but also of important and well-known facts that must, for the above reason, be excused.

For brevity, the mechanism of construction will be omitted, and the history would also, but it is of interest to know the original workers in a field of research, the men to whom, as in this case, humanity owes so much, and it is not without recognizing the honor due others that I mention but two. He who attempted to construct the first Cystoscope and examine the urinary bladder in a living subject, Bozzine of Frankfurt-am-main, 1807, and Max Nitze, the first to render the Cystoscope efficient and practical, in 1880.

Essential to the understanding of the subject before us, is the full significance of the word Cystoscope. If I am not mistaken, and I do not think I am, the conception held by the profession in general is that Cystoscope consists in sticking the Cystoscope into the bladder and then pushing the catheters into the ureters, if possible, a difficult procedure and one in which the danger incurred does not compensate for the advantage obtained. Listen: "The employment of the Cystoscope is indeed only too often like that of the skiagraph at the present day—much abused and of value chiefly as confirming diagnoses already made." And this from

a book page 101, entitled, "Enlarged Prostate; Diagnosis and Treatment," by John B. Dever. Date, 1906. Such a conception, gentlemen, is absolutely erroneous.

What is the value of the Cystoscope? As a diagnostic instrument, is the fact that:

1. A positive diagnosis of all conditions of the bladder can be obtained, and the cause of the subjective symptoms be recognized, be they calculi, tumors, foreign bodies, malformations, ulcerated areas, or an inflammation, localized or general. For example, Case 1, referred by Dr. K. Turner. Mr. H., aged 42; in another state, five years ago, operation. Suprapubic cystotomy, followed by perineal drainage to close suprapubic wound. Diagnosis, calculus. Patient did not see same, but states friend did, and that it was blue and triangular. Patient first seen, 1906, five years later. Urination imperative every few minutes; urine, ammoniacal, thick, almost white, due to excessive amount of pus. Diagnosis, stricture and stone in membranous urethra. Operation; stricture cut; calculus removed; counter irritation and perineal drainage advised; because of financial condition, refused at the time. Recovery from operation. Cystoscopic inspection revealed papilloma covering base, one and one-half inches right side and whole of left side, almost to fundus. There were two papillæ, with rounded ends, size of pigeon egg. Size of tumor now contra-indicates operation, unless palliative. Conclusion: Unquestionably, from history and size of

tumor, here is a mistake in diagnosis that could have been avoided by Cystoscopy. Again, it brings out an exceedingly important fact, that the Cystoscope presents a means of early diagnosis in tumors of the bladder.

2. The functional and relative activity of each kidney can be obtained and the presence of pathologic conditions in them or the ureters noted, through observing the ureteric openings; their size, shape, color, rate, force and character of efflux; and through catheterization. The value of such knowledge in all surgical operations on the upper urinary tract is apparent and well illustrated in Case 2, referred by Dr. J. B. Eagleson.

Mr. C., age 28. From age of sixteen, Monoplagia of left leg; lumbar pain on right side; urine very foul, opaque, filled with bacilli-collicomuni. Venereal disease denied. Examination of external genitals showed a congenital phimosis; foreskin never retracted; severe balanitis, undoubtedly the original focus of infection. Circumcision. Cystoscopy; chronic, villis Cystitis. Catheterization of left kidney. Hydronephrosis, due to displacement, by the deformity, for the ureteral opening was in the center of the bladder; no Pyonephrosis. Left ureteral opening absent. Pronounced symptoms of chronic indigestion; though probably due to the Hydronephrosis, chronic appendicitis was considered. Perineal drainage for irrigation advised and, at the same time, exploratory incision to ascertain condition of appendix. Operation eight months later; Pyonephrosis now existed; ap-

pendix, normal; palpation showed right kidney much enlarged; congenital left kidney. Conclusion: Cystoscopy permitted giving a positive prognosis that could not otherwise have been obtained, and pointed out the only form of treatment that could be instituted with hope of success—irrigation of the infected kidney—and prevented what would have been a grave surgical error—an operation on his only functioning kidney.

3. By negative findings of Cystoscopy, positive diagnosis of organs external to the urinary tract can be made. Especially is this true of the right side, where disease of the gall bladder, pylorus, liver, coecum or appendix may simulate that of the kidneys or vice versa. Illustration, Case 3. Mr. S., age 36. Operation five years ago for appendicitis, by Dr. C. No relief. Present diagnosis, infection of the right kidney. Consultation by Dr. H. to ascertain functional activity of left kidney. Cystoscopy. Two strictures, large caliber, in the bulbus urethra; trabecular bladder; subacute Cystitis. Catheterization of ureters showed left, normal; right, pus in urine. Diagnosis, primary focus of infection, the urethra; bladder and kidney, secondary. Advised dilation of strictures and irrigation of the bladder. Nephrotomy was performed; Perinephritis alone found. Kidney wound closed at operation; dilation and irrigation of the bladder, as advised; symptoms subsided and patient's recovery reported. Conclusion. Early Cystoscopy; a correct diagnosis; no appendectomy and secondary com-

plications of kidney could doubtless have been prevented. As it was, Cystoscopy gave key to correct treatment.

4. By positive findings and observing the size and shape of the bladder, etc., diagnoses as to the conditions of the neighboring organs, especially in women, can be confirmed and information may be obtained as to whether the pathologic conditions of the urinary tract are primary or secondary to such disease. If such be the case, operative procedures upon these organs can be conducted with view of relieving the pathologic conditions of both the sexual and urinary organs. Otherwise, such operations may not be successful, in the sense that they do not relieve all symptoms.

Case 4 illustrates this. Mrs. M., age 34. Obscure abdominal pain, more especially in left lumbar region, and indigestion. February, 1907, exploratory incision; appendix removed; fixation of stomach performed; no relief. Four months later, on the independent diagnosis of another surgeon, both tubes and ovaries removed. Aug. 22nd, patient came to office complaining of original symptoms. Cystoscopy showed a mild grade of chronic cystitis; displacement of left ureteral opening; also left side of bladder wall, downward and backward. Catheterization of left ureter caused symptoms originally complained of. Pus in catheterized urine; no casts. Diagnosis of Pyonephrosis, right kidney normal. Diagnosis as to cause Pyonephrosis constriction of left ureter, due to the displacement of same by peritonitic adhesions. Conclusion:

Cystoscopy would have demonstrated condition of ureter and, at last operation, had operative procedure been conducted so as to free same, operation would have been successful. Personally, I believe Cystoscopy and ureteral catheterization should be performed before all operations on the female sexual organs that give a history of severe peritonitis, and there would then be more successful operations from the patients' point of view.

As to the therapeutic value of the Cystoscope, it will be mentioned later, in conjunction with ureteral catheterization. Sufficient evidence, I believe, has been given, though much more could be presented, to demonstrate that the Cystoscope is an efficient diagnostic instrument. That the Cystoscope is difficult to employ, in the sense that general anesthesia has to be employed, is a fallacy. Its employment I would consider a mark of inefficiency. That the Cystoscope is dangerous is also untrue, provided gentleness be employed and asepsis maintained.

But why the opinion of Cystoscopy mentioned? The explanation is easily forthcoming. The fact is not recognized that scientific Cystoscopy requires almost as constant application, intelligent observation, clear interpretation and exact reasoning as does the microscope, with which instrument it may be compared, for only a small area can be viewed at a time and, similarly, it is an instrument of observation, the main difference between the two being in extent of application and technic, for with the

Cystoscope, observation must be carried on: (1) through a lens with a fixed magnifying power; (2), by means of a light that is artificial—electric; (3), through an artificial medium—water; and, (4), examination must be conducted in an exceedingly mobile, musculo-membranous pouch, susceptible to every variation in the quantity of the medium employed. Therefore, one must learn, as with the microscope, by experience, the varying magnifying power that distension gives the lenses, the means of keeping the artificial medium, water, clear; and the modifying effect of blood, air, mucous, pus, etc., upon the same; the amount of medium to produce normal distension of the bladder; recognition of the conditions that result from insufficient or over-distension. In addition, observation must be carried on with strict regard for surgical cleanliness. Thus the technic of asepsis complicates its employment.

It must be self-evident that such knowledge cannot be mastered in a fortnight. Moreover, there is a personal equation, a keen sense of color being required and a knowledge of how light, the medium and distension affects the same; for sometimes it is the color alone of a pathologic condition that gives us the key to the correct diagnosis, and too little or too much medium, by pressure on the blood vessels or affected area, will greatly modify the character. A knowledge of the shape, size and configuration of the normal bladder, the effects of distension on it, and pathologic conditions, should be pos-

sessed. This is also true of the color and surface markings of the lining membrane for, when relaxed, congested, extravasated and infiltrated, it may be mistaken for tumors and other abnormalities. Moreover, a thorough knowledge of the shape, size and color of the normal ureteral openings must be learned by experience and borne in mind, for there are pathologic conditions in kidneys and ureters that cause characteristic changes in the ureteral openings from which, in conjunction with the force, frequency and character of efflux from them, a diagnosis may be made.

The foregoing is but the primary step in the subject of Cystoscopy, when compared with the amount of pathologic detail that must be mastered, if differential and exact diagnoses are to be made. The pitfalls encountered in mastering the technic have not been mentioned, nor has anything been said of such aids to ureteral catheterization as the phloridzin, methylene blue tests, the Cryoscope, etc., a knowledge of which is essential to practical Cystoscopy.

No doubt the subject of Cystoscopy as presented, may seem to many of you, an attempt to direct all work that comes within the province of the Cystoscope, into the hand of the specialist, or urologist. Gentlemen, scientific Cystoscopy, Cystoscopy that requires refinement in diagnoses, belongs there. You acknowledge this of the microscope. It is also true of the Cystoscope. Every one of you uses the microscope daily to diagnose gonococci, find casts in the urine, etc.,

but how many of you go beyond this step and diagnose stains, mount specimens, make cultures, etc.? You admit that it is not within your province because of lack of time and facilities. Cystoscopy is identical. Everyone of you can learn to recognize a normal bladder and diagnose stone, foreign bodies, etc.; beyond that, you cannot, as a general practitioner, go; your time and facilities will not permit. It is this, the relationship between a special branch of medicine and the individual I wish recognized, and that the ability to use the Cystoscope is limited, because of the extent and magnitude of the subject, unless you go into the subject deeply. Realizing this, you will not then condemn the instrument, on an insufficient trial, as many have done, because of ignorance and inefficiency. Gentlemen, I feel strongly on this subject; feel that much more could be done for our patients and our profession, if the value of the Cystoscope were recognized and the instrument employed by the general practitioner.

Briefly, time permitting, let me speak one or two words concerning ureteral catheterization and I shall desist. Classify the indications for their use under two headings, diagnosis and treatment; this will be of practical value to you, inasmuch as it will aid you in knowing when ureteral catheterization will be beneficial in elucidating an obscure case or making a positive diagnosis.

"Diagnosis—A. To locate the origin of pus, blood, tubercular products or bacilli, the various pyogenic infec-

tions, abnormally desquamated epithelium, etc., as to whether they come from (1) the bladder, (2) the right ureter, (3) the left ureter, (4) the right kidney, (5) the left kidney, (6) the right or the left perineal space, and communicating with the corresponding kidney or ureter.

"B. To recognize and locate obstructive conditions in the right or left ureter from (1) stricture, (2) stone, (3) adjacent tumors, (4) bend or kink in the ureter from movable or dislocated kidney, (5) valvular junction of ureter and its pelvis.

"C. To determine (1) the presence of two kidneys, (2) if only one, which is absent.

"D. To determine the number of ureters present.

"E. To determine the functional activity of each kidney separately and relatively, with respect to its excretion of urea, albumin, quantity of urine, specific gravity, etc.

"F. To determine the size and capacity of each kidney pelvis with respect to (1) Hydronephrosis, (2) Pyonephrosis, (3) total obliteration of kidney secreting tissue.

"G. If there be kidney disease present, to determine (1) if only one kidney is affected or both; (2) if only one, which is the affected one; (3) if both, which is the one more affected; (4) if removal of the worse one be advisable, is the other one able to carry on kidney function sufficiently? (5) if removal of one be advisable, and the other is capable of supporting life, will the operation remove the infection from the body, removing the

possibility of dissemination or recontamination?

"Treatment—A. To enlarge narrowings or stricture at (1) the ureter openings, or (2) in the channel of the ureters. By facilitating drainage through the increased ureter caliber, thus obtained, to assist in the improvement of Pyelitis or Pyonephrosis, unilateral or bilateral.

"B. To irrigate and medicate (1) the ureters, (2) the kidney pelvis of one or both sides.

"C. To assist, by anesthetizing and enlarging the ureter opening, the passage through it of a calculus or a plug of pus, blood, etc.

"D. To use the ureter after it is catheterized, as a guide in certain abdominal and pelvic operations.

"E. By prolonged catheterization of a ureter to assist in the cure of a ureteral fistula."

The classification given here is not my own, but is the best and most concise I have seen, that of a pioneer and most able advocate of the Cystoscope, Dr. Bransford Lewis, of St. Louis.

If the above results can be accomplished through ureteral catheterization, and they can, will you gainsay that it has a valuable place in practical medicine.—*Medical Sentinel*.

PHARYNGITIS.—

R Tinct. ferri chloridi, fl. oz. j.

Sig. Ten drops in water through glass tube every two hours.

Indication.—Used in ulcerative infectious pharyngitis.—*Ex.*

PERSONAL HYGIENE.

There are two standpoints of personal hygiene, mental and physical. Mental may be defective from alcoholism, syphilis or gonorrhea. Physical hygiene depends on excretion of waste or by products, and if sewers are clogged disease follows. Dr. Reese, in *New York State Journal of Medicine*, July, 1907, considers the skin the most important excretory organ. It radiates heat, eliminates moisture and salts of the body. Exercise and baths therefore are necessary for healthy skin. Stricture of urethra is sometimes followed by insanity, as any affection of genitourinary system has a depressing effect on mentality. Constipation, spasm of sphincter ani, piles and pruritus causing inactivity of lower bowel is accompanied by baneful results. Fibroids of the uterus or retarding discharges of uterus by ante-flexion or narrowing internal os results in neurasthenia, obstinate headache and chronic inflammation of uterine structures. Obstruction of discharges of nose by adenoids, enlarged tonsils or chronic rhinitis, or closure of external auditory canal by cerumen or a catarrhal closure of eustachian tubes will cause the severest headaches. Decayed teeth and unclean mouth should be turned over to a dentist immediately.—*The Dietetic and Hygienic Gazette*.

INJURIES OF LIVER.—Dencks reports seven cases of injury of the liver in which surgical treatment was successful in three. The injuries in the cases with a favorable outcome were:

A bullet wound, a kick from a horse, and injury from being run over. The others were very serious contusions with other injuries. Rigidity extended over the entire abdomen in every case, and the pain on palpation was also diffuse, although more pronounced on the right side. Tamponing alone arrested the hemorrhage in the three favorable cases. The pulse gave no signs of the internal bleeding, being relatively good even in the most rapidly fatal cases. In one instance the gauze tampon answered a double purpose, draining a pus pocket that developed between the diaphragm and the liver. His experience confirms the value of tamponing as the best, safest, most rapid and effectual method of arresting hemorrhage in case of rupture of the liver, although a suture may be advisable for a smooth and conveniently located stab wound.—*New England Medical Monthly*.

SURGICAL SUGGESTIONS.

Too frequent enemata before operation may be productive of a great deal of post-operative distention.

There is such a condition as idiopathic swelling of the liver—an acute hepatitis—due to an unknown cause. The condition gradually subsides without treatment.

A diffuse blotchy condition of the skin should not be diagnosed as measles until a careful physical examination has been made. The condition may be the expression of a streptococcemia, as from an osteomyelitic focus.—*American Journal of Surgery*.

CALIFORNIA MEDICAL JOURNAL

D. Maclean, M. D., Editor.

F. C. Maclean, M. D., Mgr.

Published Monthly, \$1.50 per year.

964 Dolores St., San Francisco, Cal.

Editorial.**The Bubonic Plague.**

That we have what is known as the Plague in this and other cities on the Pacific Coast is undeniable. Bacteriological investigation has verified 137 cases in this city since May last, 74 of which have died, the others have recovered.

It has been fully demonstrated that the plague among rats is identical with the plague among human beings, and that infection in one is coincident with the other.

It has been found in this city that at one time two per cent. of the rats were infected, but we believe that now less than half of one per cent. are found diseased.

The rat does not transmit the disease directly to man. It takes an intermediary—the flea—to make the transmission. Observation has shown that the flea carries the disease from rat to rat, and in the absence of fleas healthy rats do not become diseased from exposure to diseased rats. The rat flea, *Pulex Cheopis*, is, however, different from the human flea, *Pulex irritans*. The human flea is more aristocratic in its taste, and does not live on dead rats, however it is possi-

ble that occasionally one may alight on a diseased rat and carry the infection.

Rats, cats, dogs and fleas "must go," should be our slogan. Tabbie and Fido should be chloroformed; they are natural flea carriers, and distributors of infectious diseases.

There need be no alarm—the matter is under control by the Federal, State and City Authorities.

The plague will be a blessing in disguise, if all the dirty back-yards are cleansed, all the stables placed in a sanitary condition, and the ill-smelling alleys rid of decaying rubbish.

There are no new cases at present; the good work is progressing, and San Francisco will, in time, be the cleanest and healthiest city in the Union.

Opsonic Power and Drugs.

Most readers are familiar with the investigations of Wright and Douglas, of London, England, in reference to certain bacteriotropic substances formed in the blood which act upon bacteria in such a way as to render them subject to ingestion by the leucocytes. These substances have been given the name of opsonin. They are supposed to prepare the bacteria for food for the leucocytes in their phagocytic action.

In normal constitutions the vital forces of the body are capable of resisting disease, and it is only when these forces are weakened at the commencement, or weakened through dis-

ease that the system succumbs. At the commencement of the disease nature increases the leucocytes, but that is not sufficient to counteract the invasion, unless, the protective opsonin prepares the food for the feast.

The opsonic power is the measure of bacterial resistance. Whatever increases the opsonic power increases the vital resistance. What drugs have we that increase the opsonic index? What drugs have we that prepare the streptococcus or staphylococcus for the phagocytic table?

This is a matter that should be investigated. It is a matter that can be demonstrated by laboratory tests. Does baptisia or echinacea increase the opsonic power? We claim they have power in septic conditions. Who is the wise man that will do the investigating? It is a wide field in the line of definite medicine, and the Journal hopes that some of our trained men in bacteriological science will lead.

THE JOURNAL.

With this issue the Journal ceases to be published in San Francisco. Hereafter it will be published in Los Angeles, with Dr. O. C. Wellbourn as Editor.

The California Medical Journal was first published January, 1880, by the writer, as publisher and Editor. It has been conducted by various parties since, but the past six years by the present editor. We hope to see a renewal of success in its new home.

After the great calamity of 1906,

the editor rehabilitated the Journal in the hopes that those having charge of the Medical College would take steps to restore that institution; they failed to do so; the president who should be the leader retiring to the shades of Napa, to the music of lowing cattle, bleating of lambs, and cackling hens.

No effort was made towards re-establishing, and the College was moved to Los Angeles where it is as prosperous as could be expected for a first term, and where every confidence is entertained that it will become again a strong progressive institution.

It was thought best that the Journal should go with the College, and we bespeak a cordial reception for Dr. Wellbourn, and a successful position for the Journal under his able editorial management.

PHYSICIAN'S ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

Dr. F. J. Petersen, of Lompoc, California, has a small trial case, a \$15.00 operating table and a few up-to-date books, which he will exchange for a first-class large trial case all complete.

We have learned with deep regret of the rather sudden death of Dr. R. F. Scott, of Layton, Cal. The Journal extends its sincere sympathy to her family.

Dr. Laswell, of Quincy made a pleasant call on the Journal.

Drs. Gere, Hunsaker, Harvey, and Clark, have moved to the Pacific Building, corner Market and Fourth Streets.

Dr. J. B. Mitchell is located in the Shreve Building.

National Association Bulletin for March.

The National Association Bulletin, which was mailed early in the year, was addressed to every Eclectic whose name and address could be obtained. We are more than gratified with the good it did, which, according to all indications, more than justifies the effort and expense. We are pleased to note that many "take notice" and since have been giving evidence of arousing to action.

Missouri Eclectics are preparing to not only welcome us to Kansas City, but to start the enthusiasm with a two days' meeting of the sister states in joint session, on Monday and Tuesday, June 15th and 16th.

They promise to do all in their power to make our meeting a rousing success, and to "shake the bushes" all over the west to bring out every available man. The National Executive Committee has arranged to waive the use of Tuesday, June 15th, on which date our meeting should open, in favor of the joint meeting of Missouri and Kansas. The National Association will convene promptly at 9.30 A. M. on Wednesday, June 27th, and continue its sessions until and including Saturday.

Our headquarters will be at the Midland, one of the best hostelries

any where in the west. The rates will be such as to accommodate any and all. Dr. J. T. McClanahan, the hustling President of the Missouri Eclectic Medical Society, and now serving for his sixth term, writes: "Rates will be \$1.00 and up, per day, European. Fine cafes in the hotel and near by. Rooms all over the house will be \$2.00. Single rooms with bath \$1.50 and \$2.00. Double rooms with bath \$2.50 and \$3.00."

We regret to announce that the Transactions have been much delayed in appearing, and trust you will pardon us for mentioning it, but this need not occur again if the members who promise essays will remember that their MSS. should be in the hands of the Secretary not later than twenty days after the adjournment of the annual meeting.

We trust our people will awaken, and recollect that we stand for the only strictly original and truly American Practice of Medicine. To quote from the *Harbinger*, January, 1908, page 162: "When we go into history and trace the evolution of medicine, we note that regularism, as well as homeopathy, are of European origin, while eclecticism is purely American, being endowed with American ideas of freedom and liberality, so characteristic of American principles, and as we ponder our wonder grows as to why American born citizens should cultivate and foster a hatred to the advance of American therapeutics and medicine."

The work being done by the Council of Medical Education and the

Committee on Organization and Legislation can not but elicit praise and commendation when they make their reports at the coming meeting.

The President will soon announce the names of the section officers, and we trust all the members will promptly reply to requests for essays for the next meeting. Do not forget the importance of an immediate reply, and of having your MSS. ready whether you can attend the meeting or not.

Very fraternally,

WM. P. BEST.

A New Method of Testing the Functions of the Digestive Apparatus.

Einhorn (*Therapeutic Gazette*, Jan. 1908) submits a method for investigating the functions of the intestinal tract, the principle of which is the administration of test substances with the food and observation of the effects of the digestive fluids upon these substances.

Practically this test is made as follows: Patients are given in a gelatin capsule a string of beads with the following substances attached thereto: catgut, fish-bone, meat, thymus, potato, mutton fat. After administering the capsule, every stool is examined with the stool sieve until the bead-string has been recovered. If diarrhea is present the sifting may not be necessary, as the bead-string can be readily seen (usually at the bottom of a glass vessel).

Under normal conditions the bead-string appears after one or two days. It is then rinsed in cold water and examined. If digestion is normal

we find that catgut, meat and potato (except the skin) disappear entirely, thymus and fat almost entirely, whereas the fish-bone usually disappears, but occasionally it may be present. The nuclei of the thymus always disappear. In pathological conditions deviations from the normal are observed, not only in regard to the time of recovery of the beads (disturbances of motility), but also in regard to the presence of the food substances (disturbances of the digestive function).

The author divides his cases of intestinal digestive disturbance into two groups:

1. Those of pure nervous intestinal dyspepsia.
2. Those of genuine intestinal dyspepsia.

In that great class of cases of intestinal dyspepsia, in which the starch digestion alone is disturbed, Taka-Diastase (Takemine) has proved of especial value.

ERYSIPELAS—PNEUMONIA.

W. E. SROFE, M. D., Martinsville, Ohio.

June 5, 1905, I was called to attend Mr. K. I found him suffering with a very aggravated case of facial erysipelas. I applied my usual treatment of carbolyzed salve locally, and gave the proper internal treatment, but when I saw the case again in twenty-four hours I found symptoms no better. I thought I would try Antiphlogistine. After applying the salve to face, I spread Antiphlogistine on a cloth making a mask that would cover the entire face, directing nurse to change when it dried out.

Next day I found patient much improved. He said "that clay relieved all the burning five minutes after you applied it." I now make it a rule to use Antiphlogistine in treating erysip-

elas, and I am sure my patients get along faster than they did when treated without it.

I also use Antiphlogistine in pneumonia, and all cases of inflammation of the lung or pleura; indeed I would hate to have to treat this kind of cases without Antiphlogistine. I will report on one case of an infant where I believe this remedy saved the patient's life.

January 3, 1906. Infant, age 18 months. Two days after initial fever, temp. 104° , resp. 48, pulse 120; tongue coated, could hardly get breath, expiratory moans, crepitant rales. Gave internal treatment, and covered both back and front of chest with Antiphlogistine. In twenty-four hours the breathing was much better and temperature lower. On my third visit I found all the symptoms so improved that I dismissed the case.

ON THE USE OF DRUGS IN DISEASES OF THE HEART.

At a special meeting of the Medical Association of the Greater City of New York, Dr. Reynold Webb Wilcox, in discussing the action of different drugs on the heart, said: (*Medical Record* Feb. 8, 1908) "There was only one drug which both increased the force and frequency of the pulse, and that was Cactus. It was especially useful in neurotic heart and slow heart. If an active preparation was used, and such was readily found in the shops, brilliant results were obtained in appropriate cases."

Cactina Pillets are manufactured in our laboratory under the personal supervision of a pharmaceutical chemist, and we can assure the medical profession that Cactina Pillits express the excellent therapeutic properties of the true *Cereus Grandiflorus* in the fullest and in the most perfect and convenient form.—SULTON DRUG CO.

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Among the Chemists who have testified to the purity of the salts entering the composition of Peacock's Bromides particularly as to its extraordinary freedom from chlorides and the absence of other usual impurities, are names of such eminent men as Edward H. Keiser, Ph. D., Professor of Chemistry Washington; University; H. Helbing, F.C.S. and F.W. Passmore, Ph. D., of London, England; Charles E. Caspari, Ph. D., Professor Chemistry St. Louis College of Pharmacy; and Edward Gudeman, Ph. D., Chicago, Ill.

Thus when a physician prescribes Peacock's Bromides he has the benefit of Bromide Insurance, as the preparation can be depended on to give the best possible results obtainable from bromides.

Peacock's Bromides is a mixture of bromides of Potassium, Sodium, Ammonium, Calcium and Lithium, 15 grains combined in each fluid drachm and equivalent in dosage to 15 grains of potassium bromide.

"There is a decided tendency to limit evidence of rheumatism to uric acid conditions in joints, fibrous structures, voluntary muscles and cardiac membranes. But the uric acid state probably acts upon the most susceptible part of the organism and hence it may affect perceptibly almost any tissue or part of the body, most prominently joints, ligaments, muscles, skin, throat, teeth, eyes, ears, urethra, intestines, the serous membranes generally, the excretory mucosa and the nervous system."

It will thus be seen that Tongaline is indicated in many diseases for which it is not always used, as there is no more reliable remedy for the prompt and thorough elimination of uric acid.

WINTER COUGHS—GRIPPAL NEUROSES

That codeine had an especially beneficial effect in cases of nervous cough, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nerve calmative was due as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of codeine.

Antikamnia has also stood the test of exhaustive trial, both in clinical and regular practice and has been proven free from the usual untoward after-effects which accompany, characterize and distinguish all other preparations of this class. Therefore antikamnia & codeine tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the larynx as well as the coughs incident to lung affections, grippal conditions, etc.—*The Laryngoscope*.

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